

4732

R. A. WATKINS PRINTING CO., PHOENIX

PLACE OF BIRTH
 City of Pala
 District of _____
 County of Miami
 No. of _____
 or _____
 of _____ (No. _____) St.; _____ Ward _____

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
 Co. Register No. 275
 Local Registrar's No. _____

LEGAL NAME OF CHILD Saufant Padilla } Born NO
 Child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive YES

Sex of child <u>Male</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>1</u>	Legit. mate <u>Yes</u>	Date of Birth <u>May 20</u> 191 <u>9</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Selva Doris Padilla</u>			Full Maiden Name <u>Maria Ramirez</u>		
Residence <u>Miami Aug</u>			Residence <u>Miami Aug</u>		
Age at last Birthday <u>21</u> (Years)			Age at last Birthday <u>18</u> (Years)		
Race <u>Mex</u>			Color or Race <u>Mex</u>		
Birthplace <u>Mex.</u>			Birthplace <u>Mex.</u>		
Occupation <u>Smelter</u>			Occupation <u>H.V.</u>		

Number of child this mother 1 Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of the above child; and that it occurred on May 20 1919, at 4 PM M.
 (Signature) Nelson D. Brayton
 (Attending physician, midwife, householder.*)

*When there is no attending physician or midwife, then the householder should make this return.
 Given or Christian name added from a Supplemental report _____ 191____
 Address May 22 1919
N. D. Brayton
 LOCAL REGISTRAR.

A True Copy Filed June 10 1919
071-520-499
 COUNTY REGISTRAR:
R. J. Fox
 COUNTY REGISTRAR.